

REQUEST FOR PATENT FEE			UND	10/	519	9070
1 Date of Request: 2 Seri			atent	#		
3 Please refund the following fee(s):		4 PA NU	PER MBER:	5 D	TE LLED	6 AMOUNT
Filing		II - 8		COUNT NO.		\$
Amendment			19	0134		\$
Extension of Time			PEE CODE	VALUE R (MERED		\$
Notice of Appeal/Appeal			1632	(500)		\$
Petition			1613	100		\$
Issue			1615	350		\$
Cert of Correction/Terminal Disc.			1614	200		\$
Maintenance			1615	350		\$
Assignment			***			\$
Other						\$
		7 TOTAL AMOUNT OF REFUND			ľ	\$
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment				redit	Depo	osit A/C #:
Duplicate Payment			9			
No Fee Due (Explanation):						
11 REFUND REQUESTED BY:	ebereva					`.
TYPED/PRINTED NAME: National Stage Proceeds			T.	ITLE:		
SIGNATURE: Paraingul Specialist (703) 365-6421			P	HONE:		
OFFICE: ************************************						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						
*						<del></del>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: